

# **Exhibit A**

In The Matter Of The Estate Of  
Sarah D. Spinks

Randolph County File No. 15 E 331

# STATE OF NORTH CAROLINA

RANDOLPH

County

File No.

15 E 331

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Minor/Incompetent

SARAH D. SPINKS

Date Of Birth, If Minor

Date Of Death

2015 APR 10 P 12:09

2-3-2015

Name Of Fiduciary 1

GARRETT AVON SPINKS

Name Of Fiduciary 2

## ESTATES ACTION

## COVER SHEET

Rule 5(b), Rules of Practice For Superior and District Courts

All persons listed below may be entitled to share in the decedent's estate (Continue on back if necessary.)

1. GARRETT AVON SPINKS

4.

2.

5.

3.

6.

Name, Mailing Address, PO Box, City, State And Zip Of Attorney (complete for initial appearance or change of address)

WILLIAM H. FLOWE, JR.  
P O BOX 1315  
LIBERTY

NC 27298

Name Of Firm

Attorney Bar No.

7114

☒ Initial Appearance in Case

☐ Change of Address

Telephone No.

336 622-2278

Fax No.

## APPLICATION

(check appropriate box)

- ☐ Affidavit For Collection Of Personal Property - Intestate (AFCP)
- ☐ Affidavit For Collection Of Personal Property - Testate (AFCT)
- ☐ Amend (AMND) (see NOTE)
- ☐ Ancillary Administration (ANCL)
- ☐ Appointment Of Receiver (APRC)
- ☐ Assignment Of Title (ASOT)
- ☐ Attorney Fee (ATFE)
- ☐ Caveat (CAVT)
- ☐ Collector (COLL)
- ☐ Court Costs (COST)
- ☐ Continue (CNTN)
- ☐ Dismiss (Involuntary) (DISM)
- ☐ Emergency Removal Of Guardian (Without Hearing)
- ☐ Exemplified Administration (EXAD)
- ☐ Extension Of Time (EXTM) (see NOTE)
- ☐ General Guardianship - Incompetent (GUIN)
- ☐ General Guardianship - Minor (GUMI)
- ☐ Guardianship Of The Estate - Incompetent (GUEI)
- ☐ Guardianship Of The Estate - Minor (GUEM)
- ☐ Guardianship Of The Person (GUPE)
- ☐ Interim Guardianship (INGU)
- ☐ Letters Of Administration (LOAD)
- ☐ Limited Personal Representative (LTPR)
- ☐ Modify Guardianship (GUMO)
- ☐ Payments To Clerks 28A-25.6 (PYCL)
- ☐ Petition To Sue As Indigent (OTHR)
- ☐ Proceeding Exam To Discover Assets (PEDA)

- ☐ Power Of Attorney (POAT)
- ☒ Probate, Letters Testamentary - Administration CTA (PROB)
- ☐ Renunciation Of Interest - Estate (RNIE)
- ☐ Renunciation Of Interest - No Estate (RNUN)
- ☐ Renunciation Of Testamentary Trustee (RNTT)
- ☐ Resignation Of Trustee (RSNT)
- ☐ Removal/Substitution Of Administrator (RRFD)
- ☐ Removal/Substitution Of Guardian (RRFD)
- ☐ Removal/Substitution Of Trustee (RSOT)
- ☐ Standby General Guardianship - Minor (SGUG)
- ☐ Standby Guardianship Of Person - Minor (SGUP)
- ☐ Summary Administration (SUMA)
- ☐ Summary Removal Of Personal Representative (Without Hearing)
- ☐ Trust - Cemetery (TCEM)
- ☐ Trust (TRST)
- ☐ Trust Under Will - Qualification Required, No Accountings (TRNQ)
- ☐ Trust Under Will - Qualification And Accounting Required (TRUW)
- ☐ Voluntary Dismissal - With Or Without Prejudice (VOLD)
- ☐ Will For Probate - No Qualification (WLPR)
- ☐ Year's Allowance (YEAL)
- ☐ Other: (specify and list each separately)

Date

Signature Of Attorney/Applicant

**NOTE:** All filings in estates shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings the filing party must either include an Estates (AOC-E-650), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

AOC-E-650, Rev. 1/14

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(Over)

(TYPE OR PRINT IN BLACK INK)  
STATE OF NORTH CAROLINA

File No.

15 E 331

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

RANDOLPH

County

FILED

IN THE MATTER OF THE ESTATE OF:

Name, Street Address, City, State And Zip Code Of Decedent

SARAH D. SPINKS  
482 ISLEY LANE  
RAMSEUR

2015 APR 10 P 12:09

APPLICATION

FOR PROBATE AND LETTERS

☒ TESTAMENTARY ☐ OF ADMINISTRATION CTA

Social Security No. (Last Four Digits)

4178

County Of Domicile At Time Of Death

RANDOLPH

G.S.

G.S. 28A-6-1; 28A-12-4; 31-16; 105-22

Date Of Death

2-3-2015

Date Of Will And Codicil(s) If Any

04/17/2007

Place Of Death (If Different From County Of Domicile)

Name, Street Address, PO Box, City, State And Zip Code Of Applicant

GARRETT AVON SPINKS  
480 ISLEY LANE

Name, Street Address, PO Box, City, State And Zip Code Of Co-Applicant

Telephone No.

336-736-6938

Telephone No.

Legal Residence (County, State)

RANDOLPH, NORTH CAROLINA

Legal Residence (County, State)

Name, Street Address, PO Box, City, State And Zip Code Of Attorney

WILLIAM H. FLOWE, JR.  
P O BOX 1315  
LIBERTY

NC 27298

Attorney Bar No.

7114

Telephone No.

336 622-2278

I, the undersigned, applying for probate and for letters in the above estate, being first duly sworn, say that:

- The decedent was domiciled in this county at the time of the decedent's death, or left property or assets in this county, or was a nonresident motorist who died in North Carolina; no other proceeding for probate or for administration is pending in any jurisdiction.
- The decedent left the paper-writing(s) purporting to be the decedent's Last Will and Testament ☐ and codicil(s), dated as shown above.
- ☒ a. I am an executor, devisee or legatee named in the will, or a next-of-kin or creditor of the decedent.  
☐ b. I am the person entitled to apply for letters or am applying after all persons having prior right to apply have renounced.  
☐ c. I am applying subject to G.S. 28A-6-2(1) and move that all necessary citations be issued.  
☐ d. I am the public administrator appointed by the Court.
- I am not disqualified pursuant to G.S. 28A-4-2 to administer the estate and have not renounced my right to do so.
- Following the execution of the will there were no children born to or adopted by the decedent, and the decedent did not thereafter marry or obtain a divorce. (If the facts are otherwise, state them on an attachment.)
- After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate. (If there is a court-appointed guardian for any such person(s), list the guardian's name and address on an attachment.)

NAME	AGE	RELATIONSHIP	MAILING ADDRESS
GARRETT AVON SPINKS	18+	SON	480 ISLEY LANE, RAMSEUR, NC 27316
*BENNY RAY SPINKS, NOT INCLUDED-			
BLUE CARNIVAL GLASS DISPOSED OF			
PRIOR TO DEATH			



# PRELIMINARY INVENTORY

(Give values as of date of decedent's death. Continue on separate attachment if necessary.)

## PART I. PROPERTY OF THE ESTATE

		Est. Market Value
1. Accounts in sole name of decedent (List bank, etc., each account no. and balance.)		\$
2. Joint accounts <u>without</u> right of survivorship (List bank, etc., each account no., balance and joint owners.)		
	% Owned By Dec.	
	% Owned By Dec.	
	% Owned By Dec.	
	% Owned By Dec.	
3. Stocks/bonds/securities in sole name of decedent or jointly owned <u>without</u> right of survivorship.....	% Owned By Dec.	
4. Cash and undeposited checks on hand.....		
5. Household furnishings.....		
6. Farm products, livestock, equipment and tools.....		
7. Vehicles.....		
8. Interest in partnership or sole proprietor businesses.....		
9. Insurance, Retirement Plan, I.R.A., etc., payable to Estate.....		
10. Notes, judgments, and other debts due decedent.....		
11. Miscellaneous personal property.....		
12. Real estate willed to the Estate.....	\$	
13. Estimated annual income of Estate.....		

(Base bond on this amount, if applicable.)

**TOTAL PART I.** \$ 0.00

## PART II. PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS

1. Joint accounts with right of survivorship (List bank, etc., each account no., balance & joint owners.)	\$
2. Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or jointly owned with right of survivorship.....	
3. Other personal property recoverable (G.S. 28A-15-10).....	
4. Real estate owned by decedent and not listed elsewhere.....	129,617.00
<b>TOTAL PART II.</b>	\$ 129,617.00

## PART III. OTHER PROPERTY

1. There <input type="checkbox"/> is <input checked="" type="checkbox"/> is not entireties real estate owned by decedent and spouse .....	
2. There <input type="checkbox"/> are <input checked="" type="checkbox"/> are not Insurance, Retirement Plan, I.R.A. accounts, annuities etc., payable to named beneficiaries.....	
3. There <input type="checkbox"/> is <input checked="" type="checkbox"/> is not a potential claim for wrongful death arising under G.S. 28A-18.2.....	

Signature Of Applicant

*Samuel Aaron Spinks*

Signature Of Co-Applicant

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date  
04/09/2015

Signature Of Person Authorized To Administer Oaths

Date

Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC ☐ Assistant CSC ☒ Clerk Of Superior Court

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

☒ Notary

Date Commission Expires

01/26/2017

Date Commission Expires

☐ Notary

SEAL

County Where Notarized

RANDOLPH

County Where Notarized

SEAL



**STATE OF NORTH CAROLINA**

File No.

15 E 331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before the Clerk**IN THE MATTER OF THE ESTATE OF:**

Name

SARAH D. SPINKS

**LETTERS**

TESTAMENTARY

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1  
GARRETT AVON SPINKS  
480 ISLEY LANE

Date Of Qualification

04/10/2015

Clerk Of Superior Court

RAMSEUR NC 27316

PAMELA L. HILL

Title Of Fiduciary 1

EXECUTOR

EX OFFICIO JUDGE OF PROBATE

Name And Address Of Fiduciary 2

Date Of Issuance

04/10/2015

Signature



Title Of Fiduciary 2

☐ Deputy CSC ☒ Assistant CSC ☐ Clerk Of Superior Court**SEAL****NOTE: This letter is not valid without the official seal of the Clerk of Superior Court.**

AOC-E-403, Rev. 7/06

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# STATE OF NORTH CAROLINA

File no.

15 E 331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Minor/Incompetent/Trust

SARAH D. SPINKS

2015 APR 10 P 12:09

## ORDER AUTHORIZING ISSUANCE OF LETTERS

RANDOLPH CO., C.S.C.  
BY

G.S. 28A-6-1; 35A-1215, -1226; 36C-2-209

The Court finds from the Application for Letters in the matter named above that the Fiduciary is entitled and is not disqualified to administer the estate, trust, or guardianship.

Based on these findings, the Court orders that Letters be issued to the Fiduciary in this matter.

Name And Address Of Fiduciary 1  
GARRETT AVON SPINKS  
480 ISLEY LANE

Date Of Qualification

04/10/2015

RAMSEUR NC 27316

Clerk Of Superior Court

PAMELA L. HILL

Title Of Fiduciary 1  
EXECUTOR

EX OFFICIO JUDGE OF PROBATE

Name And Address Of Fiduciary 2

Date

04/10/2015

Signature

*Pamela L. Hill*

Title Of Fiduciary 2

☒ Assistant CSC

☐ Clerk Of Superior Court

## STATE OF NORTH CAROLINA

File No.

15 E 331

RANDOLPH

County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Minor/Incompetent/Trust

SARAH D. SPINKS

2015 APR 10 P 12:09

## OATH/AFFIRMATION

RANDOLPH CO., C.S.C.

BY

N.C. Constitution, Art. VI., Sec. 7; G.S.11-7, 11-11; 28A-7-1

I, the undersigned, do solemnly ☒ swear ☐ affirm that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith; that I will be faithful and bear true allegiance to the State of North Carolina, and to the constitutional powers and authorities which are or may be established for the government thereof; and that I will endeavor to support, maintain and defend the Constitution of said State, not inconsistent with the Constitution of the United States, to the best of my knowledge and ability; and that I will faithfully discharge the duties of my office as indicated below;

☒ so help me, God. ☐ and this is my solemn affirmation.

(check office below)

☐ OATH OF ADMINISTRATOR

I ☐ swear ☐ affirm that I believe that the above named decedent died without leaving any Last Will and Testament; that I will well and truly administer all and singular the goods and chattels, rights and credits of the deceased and a true and perfect inventory thereof return according to law; and that all other duties appertaining to the charge reposed in me, I will well and truly perform, according to law and with my best skill and ability;

☐ so help me, God. ☐ and this is my solemn affirmation.

☒ OATH OF EXECUTOR

I ☒ swear ☐ affirm that I believe this paper writing to be and contain the Last Will and Testament of the above named decedent; and that I will well and truly execute the same by first paying the decedent's debts and then the decedent's legacies; as far as the said estate shall extend or the law shall charge me; and that I will well and faithfully execute the office of an executor, agreeably to the trust and confidence reposed in me, and according to law; ☒ so help me, God. ☒ and this is my solemn affirmation.

☐ OATH OF ADMINISTRATOR CTA

I ☐ swear ☐ affirm that I believe this paper writing to be and contain the Last Will and Testament of the above named decedent; and that I will well and truly execute the same by first paying the decedent's debts and then the decedent's legacies, as far as the said estate shall extend or the law shall charge me; and that I will well and faithfully execute the office of an administrator cta to the best of my skill and ability and according to the law;

☐ so help me, God. ☐ and this is my solemn affirmation.

☐ OATH OF FIDUCIARY

I ☐ swear ☐ affirm that I will faithfully and honestly discharge the duties reposed in me according to the best of my skill and ability, and according to law; ☐ so help me, God. ☐ and this is my solemn affirmation.

Name Of Fiduciary 1

GARRETT AVON SPINKS

Name Of Fiduciary 2

Signature Of Fiduciary

*Garrett Avon Spinks*

Signature Of Fiduciary

☒ SWORN ☐ AFFIRMED AND SUBSCRIBED TO BEFORE ME☐ SWORN ☐ AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

4/9/2015

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court☒ Notary

Date My Commission Expires

Date My Commission Expires

☐ Notary

SEAL

County Where Notarized

PUBLIC  
RANDOLPH NC

County Where Notarized

SEAL

AOC-E-400, Rev. 3/07

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Original-File



# STATE OF NORTH CAROLINA

File no.

15 E 331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

SARAH D. SPINKS

2015 APR 10 P 12

## CERTIFICATE OF PROBATE

Date Of Purported Will

04/17/2007

RANDOLPH CO., S.S.C.  
BY *[Signature]*

G.S. 28A-2A-6

Date(s) Of Codicil(s)

A paper-writing dated as indicated above, purporting to be the Last Will and Testament or codicil(s) thereto of the above-named decedent, has been exhibited before me. Sufficient proof of the due execution thereof has been taken in the self-proving paper-writing or as set forth in the accompanying affidavits which are incorporated and made a part hereof.

It is adjudged that the paper-writing and every part thereof is the Last Will and Testament or codicil(s) thereto of the decedent, and the same is ordered admitted to probate.

Date

04/10/2015

Signature

*[Signature: Charlene T. Wilson]*

☒ Assistant CSC

☐ Clerk Of Superior Court

15 E331

# Last Will and Testament

2015 APR 10 P 12:09

OF  
RANDOLPH CO., C.S.C.  
BY *[Signature]*  
SARAH D. SPINKS

## ARTICLE I

I, **SARAH D. SPINKS**, domiciled in Randolph County North Carolina, declare this to be my last will, hereby revoking all wills and codicils heretofore made by me.

## ARTICLE II

I direct that all of my just debts, my funeral expenses, the cost of a suitable monument at my grave, the cost of administration of my estate and all estate and inheritance taxes and other taxes in the general nature thereof which shall become payable upon or by reason of my death be paid out of the assets of my estate as soon as practicable after my death.

## ARTICLE III

- A. I devise to my son **Benny Ray Spinks** a set of blue carnival glass.
- B. All the rest and remainder of my property I devise to my son **Garrett Avon Spinks**.

## ARTICLE IV

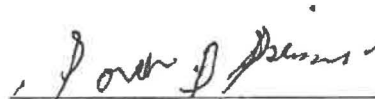
I hereby constitute and appoint my son, **GARRETT AVON SPINKS**, as executor of my estate.

## ARTICLE V

I hereby grant to my executor the continuing, absolute, discretionary power to deal with any property, real or personal, held in my estate as freely as I might in handling all of my own affairs including the power to sell, mortgage or otherwise deal with any real property if, in the

sole discretion of my executor such transaction is in the best interest of my estate. Without in any way limiting the generality of the foregoing provision, I hereby grant my executor all of the powers set forth in North Carolina General Statutes, Section 32-27, subject to Section 32-26, and these powers are incorporated by reference. Such powers and authorities may be exercised independently and without the prior or subsequent approval of any court or judicial authority, and no person dealing with the executor shall be required to inquire into the propriety of any of his actions.

IN WITNESS WHEREOF, I sign, seal, publish and declare this instrument to be my last will, this the 17<sup>th</sup> day of April, 2007.

  
\_\_\_\_\_(SEAL)  
**SARAH D. SPINKS**

I, **SARAH D. SPINKS**, the testatrix, sign my name to this instrument, this the 17<sup>th</sup> day of April, 2007, and being duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will; that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed; that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

  
\_\_\_\_\_(SEAL)  
**SARAH D. SPINKS**



We, Phyllis P. Allen and Sandra L. Dixon, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testatrix signs and executes this instrument as her last will and that she signs it willingly and that each of us, in the presence and hearing of the testatrix, hereby signs this will as witness to the testatrix's signing, and to the best of our knowledge the testatrix is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Phyllis P. Allen, LIBERTY, NORTH CAROLINA

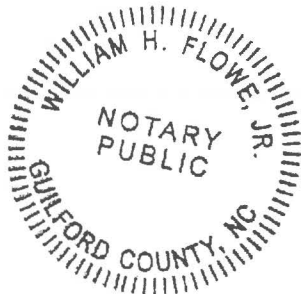
Sandra L. Dixon, LIBERTY, NORTH CAROLINA

STATE OF NORTH CAROLINA

COUNTY OF RANDOLPH

Subscribed, sworn to and acknowledged before me by **SARAH D. SPINKS**, the testatrix, and subscribed and sworn to before me by Phyllis P. Allen and Sandra L. Dixon, the witnesses, this 17<sup>th</sup> day of April, 2007.

My commission expires:  
January 26, 2012



William H. Flowe, Jr.  
William H. Flowe, Jr., Notary Public



# CERTIFICATION OF VITAL RECORD

## STATE OF NORTH CAROLINA RANDOLPH COUNTY OFFICE OF REGISTER OF DEEDS

REGISTRATION  
DISTRICT NO. **07680** LOCAL NO. **07680**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

20150203200001180 DC  
Bk:DC102 Pg:117  
02/03/2015 12:00:00 AM 1/1

CERTIFICATE OF DEATH

COUNTY OF DEATH: **Randolph** STATE FILE NO.

<b>DECEDENT'S LEGAL NAME</b> 1a. FIRST: <b>Sarah</b> 1b. MIDDLE: <b>Dollie</b> 1c. LAST: <b>Spinks</b> 1d. SUFFIX: <b>Isley</b>		1e. LAST NAME PRIOR TO FIRST MARRIAGE: <b>2015 APR 10 P 12:08</b>	
2a. DATE OF BIRTH (Month/Day/Year): <b>07 August 1931</b> 2b. PLACE OF BIRTH (City/Town/County/State): <b>Randolph NC</b>		3a. DATE OF DEATH (Month/Day/Year): <b>03 February 2015</b> 3b. PLACE OF DEATH (City/Town/County/State): <b>Randolph NC</b>	
4a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> 4b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/>			
5a. FACILITY TYPE (If not residential, give street and number): <b>Randolph Hospice House</b> 5b. CITY OR TOWN: <b>Asheboro</b> 5c. COUNTY OF DEATH: <b>Randolph</b>			
6a. MARITAL STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> Divorced		6b. SURVIVING SPOUSE (If wife, give name prior to first marriage): <b>None</b>	
7a. DECEASED'S USUAL OCCUPATION (Do not use retired): <b>Ramseur Interlock House Keeping</b>		7b. KIND OF BUSINESS/INDUSTRY: <b>House Keeping</b>	
8a. RESIDENCE - STATE OR FOREIGN COUNTRY: <b>North Carolina</b> 8b. CITY OR TOWN: <b>Randolph</b>		8c. ZIP CODE: <b>27316</b>	
9a. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be): <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)			
10a. DECEASED'S SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
11a. DECEASED'S DATE OF FIRST MARRIAGE (First, Middle, Last): <b>Mary China Green Isley</b>			
12a. INFORMATION NAME: <b>Garrett Spinks</b> 12b. RELATIONSHIP TO DECEASED: <b>Son</b>		12c. MAILING ADDRESS (Street and Number, City, State, Zip Code): <b>482 Isley Lane, Ramseur NC 27316</b>	
13a. METHOD OF DEPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): <b>None</b>			
13b. PLACE OF DEPOSITION (Name of cemetery, crematory, etc.): <b>Oakland-McCrory Cemetery</b>		13c. LOCATION (City or Town and State): <b>Ramseur, NC</b>	
14a. SIGNATURE OF FUNERAL DIRECTOR: <b>Reginald E. McNair</b> 14b. LICENSE NUMBER: <b>2005</b>		14c. NAME OF EMBALMER: <b>Reginald E. McNair</b> 14d. LICENSE NUMBER: <b>2005</b>	
15a. NAME AND ADDRESS OF FUNERAL HOME: <b>Russell Funeral Home &amp; Cremation, INC. PO Box 883 Siler City, NC 27344</b>			
16. IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			
17. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death): <b>PULMONARY DISEASE</b>			
18. PART I: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
19a. NUMBER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		19b. WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20a. DATE OF DEATH: <b>03 February 2015</b> 20b. TIME OF DEATH (Approximate): <b>11:30am</b>		20c. DO TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
21a. DATE OF INJURY: <b>03 February 2015</b> 21b. TIME OF INJURY: <b>11:30am</b>		21c. PLACE OF INJURY (Home, farm, street, factory, office, building, etc.): <b>Home</b>	
22a. DESCRIBE HOW INJURY OCCURRED: <b>Heart attack</b>		22b. LOCATION OF INJURY (Street/Number/City/State): <b>482 Isley Lane, Ramseur NC 27316</b>	
23. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Licensed physician assistant <input type="checkbox"/> Medical Examiner			
24a. NAME AND TITLE OF CERTIFIER: <b>Mary M. Cooper, MD</b>		24b. LICENSE NUMBER: <b>NC 9300549</b>	
24c. DATE AND ADDRESS OF CERTIFIER (From location): <b>916 W. 5th St, Asheville NC 27203</b>		24d. DATE REGISTERED BY STATE: <b>2/6/15</b>	
25a. DATE CORRECTED BY: <b>2/6/15</b>		25b. DATE FILED (Month/Day/Year): <b>2/6/15</b>	

Volume: **102** Page: **117**

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

Krista M. Lowe  
Register of Deeds  
Randolph County

076 - 076196

Witness my hand and official seal

this the **03** day of **February**, 20**15**

By: **Mary M. Cooper**  
Deputy Assistant Register of Deeds

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.



# STATE OF NORTH CAROLINA

File No.

2015 E 000331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Trust/Ward

SARAH D SPINKS

T  
O

Name And Address Of Fiduciary

GARRETT AVON SPINKS  
480 ISLEY LANE

RAMSEUR NC 27316

## NOTICE TO FILE

- ☒ INVENTORY AOC-E-505  
☐ ANNUAL ACCOUNT  
☐ FINAL ACCOUNT/AFFIDAVIT

G.S. 28A-20-2, 28A-21-1 through 28A-21-4, 28A-25-3, 35A-1262, 36A-107

☒ Estate ☐ Trust ☐ Guardianship

The inventory/account/affidavit indicated above in the Notice To File list is now due.

You are reminded that if the required inventory/account/affidavit is not filed within thirty (30) days of this Notice, the law of North Carolina requires the Clerk to issue process to compel its filing. To avoid compulsory process, please file the inventory/account/affidavit within thirty (30) days. You should notify your attorney of this Notice.

The required form number listed in the Notice To File box is available via the North Carolina Court system website at [www.nccourts.org/forms](http://www.nccourts.org/forms).

If you are filing an annual/final account, you must submit cancelled checks, receipts or other vouchers in support of all payments.

Thank you for your prompt attention to this matter.

Copy To WILLIAM H FLOWE JR

PO BOX 1315

LIBERTY NC 27298-1315

Date

July 14, 2015

Signature

LIESEL I ROSENTRATER

☒ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

FORMS ENCLOSED

Original-Fiduciary Copy-File and Attorney



## STATE OF NORTH CAROLINA

File No.

15 E 331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

IN THE MATTER OF THE ESTATE OF: SARAH D. SPINKS

Name Of Decedent

SARAH D. SPINKS

RANDOLPH COUNTY, C.S.C.

INVENTORY  
FOR DECEDENT'S ESTATE

G.S. 28A-15-2, 28A-20-1

**IMPORTANT:** File within three (3) months after qualifying. Itemize and give values as of date of decedent's death. Continue on additional sheet if necessary.

I, the undersigned personal representative, being duly sworn, say that to the best of my knowledge the following is a just, true, and perfect inventory of all the real and personal property of the decedent named above, which has come into my hands or into the hands of any person for me as personal representative of the estate.

## PART I. PROPERTY OF THE ESTATE

1. Accounts In Sole Name Of Decedent (List bank, etc., each account no., and balance.)		VALUE
		\$
2. Joint Accounts <u>Without</u> Right Of Survivorship (List bank, etc., each account no., balance, and joint owners.)		
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
3. Stocks And Bonds In Sole Name Of Decedent Or Jointly Owned <u>Without</u> Right Of Survivorship (Identify each type of security and give market value of all securities of that type, e.g., 100 shares of XYZ Corp. common stock at 37-1/4...\$3,725.)		
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
	% Owned By Decedent	
4. Cash And Undeposited Checks On Hand		
RANDOLPH ELECTRIC MEMBERSHIP CORPORATION		1,947.14
5. All Other Personal Property (See preliminary inventory on application for checklist of types of property to list.)		
HOUSEHOLD FURNISHINGS		500.00
2003 BUICK		2,970.00
6. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Sold (Attach legal description and proceeds of sale for each parcel.)		
TOTAL FROM ADDITIONAL SHEET IF ANY		\$
SUBTOTAL (Costs apply to this total)		\$ 5,417.14
7. Real Estate Willed To The Estate, Directed By The Will To Be Sold, And Not Sold (Attach legal description of each parcel and give fair market value at date of death.)		
	\$	
TOTAL PART I.		\$ 5,417.14

(Over)

AOC-E-505, Rev. 2/15

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## Affidavit of Publication

State of North Carolina,  
Randolph County

To Whom It May Concern:

This is to certify the  
advertisement attached  
hereto has been published in

**The Courier Tribune**  
on the following dates:

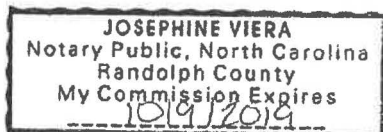
5-8-15  
5-15-15  
5-22-15  
5-29-15

Sworn to on this 2nd day  
of June, 2015

Shirley A. Overett  
Courier-Tribune Representative

Sworn to and Subscribed  
Before me this 2nd day  
of June, 2015

Josephine Viera  
Notary Public



## EXECUTOR'S NOTICE

Having qualified on the 10th day of April, 2015, as Executor of the Estate of Sarah D. Spinks, deceased, late of Randolph County, North Carolina, this is to notify all persons, firms and corporations having claims against the decedent to exhibit the same to the undersigned Executor on or before the 8th day of August, 2015, or this notice will be pleaded in bar of their recovery. All persons, firms and corporations indebted to the estate should make immediate payment.

This the 8th day of May 2015.

The Estate of Sarah D. Spinks  
Garrett Avon Spinks, Executor  
480 Isley Lane  
Ramseur, NC 27316

Attorney for the Estate:  
William H. Flowe, Jr.  
P.O. Box 1315  
Liberty, NC 27298-1315  
Phone: (336-622-2278)

4ts - 5/8, 15, 22, 29/2015

FILED  
2015 JUL 29 AM 8:36  
RANDOLPH COUNTY, N.C.



(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

RANDOLPH

County

File No.

15 E 331

In The General Court Of Justice  
Before the Clerk

FILED  
2015 JUL 29 AM 8:30

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent

SARAH D. SPINKS

Date Of Death

02/03/2015

Decedent's Social Security Number (Last Four Digits)

4178

RANDOLPH COUNTY, C.S.C.

ESTATE TAX CERTIFICATION

(FOR DECEDENTS DYING ON OR AFTER 1/1/99)

G.S. 28A-21-2; -25-3;105-32.2

**NOTE:** Use this form for decedents dying on or after 1/1/99. For decedent's dying before 1/1/99, use AOC-E-207.

I, the personal representative/fiduciary/spouse in the above estate, certify that:

1. ☒ a. The gross value of the estate prior to the date of the decedent's death is less than:

☐ \$650,000 (If decedent died on or after 1/1/1999).

☐ \$675,000 (If decedent died on or after 1/1/2000).

☐ \$1,000,000 (If decedent died on or after 1/1/2002).

☐ \$1,500,000 (If decedent died on or after 1/1/2004).

☐ \$2,000,000 (If decedent died on or after 1/1/2006).

☐ \$3,500,000 (If decedent died on or after 1/1/2009).

☒ b. The decedent died on or after 1/1/2010, and there is no federal estate tax due or payable.

☒ 2. The decedent died on or after 1/1/2013, and therefore, no North Carolina estate tax is due or payable.

☐ 3. I am the surviving spouse and sole heir of the decedent.

Date

7/27/2015

Signature

Garrett Avon Spinks

Date

Signature

Title Of Personal Representative/Fiduciary/Spouse

EXECUTOR

Title Of Personal Representative/Fiduciary/Spouse

Address Of Personal Representative/Fiduciary/Spouse

GARRETT AVON SPINKS

480 ISLEY LANE

RAMSEUR, NC 27316

Address Of Personal Representative/Fiduciary/Spouse

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

7/27/2015

Signature Of Person Authorized To Administer Oaths

[Signature]

Date

Signature Of Person Authorized To Administer Oaths

☐ Deputy CSC

☐ Assistant CSC

☐ Clerk Of Superior Court

☐ Deputy CSC

☐ Assistant CSC

☐ Clerk Of Superior Court

☒ Notary

Date My Commission Expires

01/26/2017

Date My Commission Expires

☐ Notary

SEAL

County Where Notarized  
RANDOLPH

County Where Notarized

SEAL

NOTE TO PERSONAL REPRESENTATIVE/FIDUCIARY/SPOUSE AND CLERK:

No final accounting of an estate may be approved unless the personal representative files with the Clerk of Superior Court an Estate Tax Certification, AOC-E-212, or a certificate issued by the Secretary of Revenue stating the estate tax liability has been satisfied. G.S. 105-32.3(c).

Original-File Copy-Taxpayer

AOC-E-212, Rev. 8/13

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## STATE OF NORTH CAROLINA

File No.

15 E 331

RANDOLPH

County

2015 JUL 29 AM 8:30

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF: RANDOLPH COUNTY, C.S.C.

Name Of Decedent

SARAH D. SPINKS

BY

NV

AFFIDAVIT OF NOTICE  
TO CREDITORS

G.S. 28A-14-1, 28A-14-2

**NOTE:** The second option should be checked only in cases where the decedent had no outstanding debts, or the personal representative has paid in full all known debts. The first option should be checked in all other cases.

The undersigned affiant, being first duly sworn, says that:

- ☒ 1. Pursuant to G.S. 28A-14-1, I made a reasonable effort to ascertain all persons, firms and corporations (including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid) having unsatisfied claims against the decedent and personally delivered or mailed a copy of the Notice to Creditors to all such persons, firms and corporations then known to me, except for those claims that I recognize as valid.
- ☐ 2. No copy of the Notice to Creditors required by G.S. 28A-14-1 was mailed or personally delivered because, after making a reasonable effort within the time provided by law, I am satisfied that there are no persons, firms or corporations (including the Department of Health and Human Services, Division of Medical Assistance, if at the time of the decedent's death the decedent was receiving Medicaid) having unsatisfied claims against the decedent. (See note above.)

**NOTE:** Signature of only one affiant is necessary.

Date 7/27/2015	Date
Signature Of Affiant Sarah D. Spinks	Signature Of Co-Affiant
<input checked="" type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector	<input type="checkbox"/> Personal Representative Or Collector <input type="checkbox"/> Attorney For Personal Representative Or Collector
<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>	
Date 7/27/2015	Signature [Signature]
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
<input checked="" type="checkbox"/> Notary Date My Commission Expires 01/26/2017	<input type="checkbox"/> Notary Date My Commission Expires
SEAL County Where Notarized RANDOLPH COUNTY, NC	SEAL County Where Notarized



305755

North Carolina Department of Health and Human Services  
Division of Medical Assistance

Third Party Recovery Section  
PO Box 18869 Raleigh N. C. 27619

RANDOLPH COUNTY C.S.C.

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

BY  Deputy Secretary for Medical Assistance

November 10, 2015

SIR OR MADAM  
RANDOLPH COUNTY CLERK OF SUPERIOR COURT  
ESTATES DIVISION  
176 E. SALISBURY ST  
SUITE 201  
ASHEBORO, NC 27203

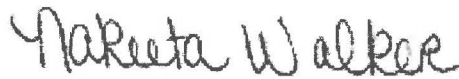
RE: Estate of: Sarah Spinks  
Estate File #: 15 E 331

Dear Clerk:

Please see the enclosed documents which we have prepared in the above-referenced estate. HMS Inc. files this Claim Against the Estate and Affidavit on behalf of the North Carolina Department of Health and Human Services, Division of Medical Assistance (Medicaid). Please file these notices into the appropriate estate file and return a date-stamped copy in the enclosed self-addressed, stamped envelope.

Thank you for your cooperation in this matter. If you have any questions, please feel free to contact me.

Sincerely,



Nakeeta Walker  
Medicaid Estate Recovery Representative



www.ncdhhs.gov  
Third Party Recovery Section PO Box 18869 Raleigh N.C. 27619  
Tel 866-455-0109 • Fax 919-424-2851  
An Equal Opportunity / Affirmative Action Employer

cc: Exec



SIR OR MADAM  
November 10, 2015  
Sarah Spinks  
Page 2

FILED

STATE OF NORTH CAROLINA P 5: 06  
CASE NO. 15 E 331

IN RE: ESTATE OF

Sarah Spinks,

DECEASED

§ RANDOLPH COUNTY C.S.C.  
§  
§  
§  
§  
§

**CLAIM AGAINST ESTATE AND AFFIDAVIT**

TO: CLERK OF SAID COURT

1. I, Nakeeta Walker, hereafter called "AFFIANT," do solemnly swear that the foregoing claim against the above estate is a just claim and that all legal offsets, payments, and credits known to AFFIANT have been allowed, and that the sum herein claimed is justly due.
2. CLAIMANT is: The North Carolina Department of Health and Human Services,  
Division of Medical Assistance (Medicaid), administrator of the  
NC Estate Recovery Program  
  
CLAIMANT's address is: The North Carolina Department of Health and Human Services,  
Division of Medical Assistance  
2508 Mail Service Center  
Raleigh, NC 27699-2508
3. Medicaid is an owner of an unsecured claim against this estate in the sum of \$195,453.53, which may be amended prior to the estate being closed. This claim is founded on the following:  
  
Pursuant to N.C.G.S. § 108A-70.5, Medicaid is required to recover from the deceased recipient's Estate the costs of certain medical benefits received by the above Medicaid recipient.
4. The above deceased received medical services from Medicaid subject to N.C.G.S. § 108A-70.5.
5. To the best of Medicaid's' knowledge, the deceased Medicaid recipient had:
  - (a) No surviving spouse;
  - (b) No surviving child under age 21;
  - (c) No surviving child who is blind or disabled, as defined by 10A NCAC 21D.0101(b)(2);
  - (d) No undue hardship exists, as defined by 10A NCAC 21D.0502(b); and
  - (e) Recovery will be cost-effective, as defined by 10A NCAC 21D.0501.
6. AFFIANT is NOT the owner of said claim but is a duly authorized officer, agent, or



www.ncdhhs.gov  
Third Party Recovery Section PO Box 18869 Raleigh N.C. 27619  
Tel 866-455-0109 • Fax 919-424-2851  
An Equal Opportunity / Affirmative Action Employer



305755

SIR OR MADAM  
November 10, 2015  
Sarah Spinks  
Page 3

representative of CLAIMANT and AFFIANT has made diligent inquiry and examination of this claim and believes the claim is just and that all legal offsets, payments, and credits made known to this AFFIANT have been allowed.

7. AFFIANT files this Claim on behalf of the above named CLAIMANT and prays that the same be timely approved in accordance with applicable provisions of Chapter 28A of the North Carolina General Statutes. CLAIMANT requests, pursuant to N.C.G.S. § 108A-70.5, that said claim be classified as a sixth-class claim under N.C.G.S. § 28A-19-6 for the purposes of determining the order of claims against the decedent's estate.

STATE OF NORTH CAROLINA  
WAKE COUNTY

Nakeeta Walker

AFFIANT, Authorized Estate Recovery  
Representative  
AFFIANT's Name: Nakeeta Walker  
NC Estate Recovery Unit  
HMS  
P.O.Box 18869  
Raleigh NC 27619

Waker BEFORE ME, the undersigned authority, on this day personally appeared Nakeeta and, after being duly sworn by me, stated that the foregoing unsecured claim is just and that all legal offsets, payments, and credits know to AFFIANT have been allowed.

Nakeeta Walker

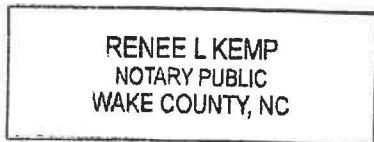
AFFIANT, Authorized Estate Recovery  
Representative

SUBSCRIBED AND SWORN TO BEFORE ME by NAKEETA WALKER on November 10, 2015

Renée L. Kemp  
Notary Public, Wake County, State of North  
Carolina

RENEE L. KEMP

Notary's Name Printed:



My commission expires:  
November 16, 2016



REPORT : TM08801-R8039  
PAYER : DMA

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NCTRAKS

PROCESS DATE : 05/24/2015  
PROCESS TIME : 17:08:53  
PAGE : 187

ESTATE RECOVERY INVOICE REPORT  
AS OF 05/23/2015

BILL TO : ESTATE OF: SARAH SPINKS  
482 ISLEY LANE  
RAMSEUR, NC 27316

MEDICAID TAX ID# - 56-1250855  
RECIPIENT ID - 946375795N  
RECIPIENT NAME - SARAH SPINKS  
CASE ID - 2015000043863  
COUNTY - 076 RANDOLPH

RECIPIENT D/O/B - 08/07/1931  
RECIPIENT D/O/D - 02/03/2015  
RECIPIENT SSN - 238-62-4178  
RECIPIENT GENDER - F

STATEMENT OF MEDICAID EXPENDITURES

HOSPITAL	\$763.60
NURSING HOME SERVICES	\$971.00
CAP SERVICES	\$65,196.40
PRESCRIPTION DRUGS	\$1,971.61
PERSONAL-CARE SERVICES	\$126,550.92
PACE	\$0.00
*TOTAL	\$195,453.53

THE STATE OF NORTH CAROLINA IS MAKING A CLAIM AGAINST THIS ESTATE FOR THE RECOVERY OF MEDICAL EXPENSES PAID BY THE NORTH CAROLINA MEDICAID AGENCY. THIS CLAIM IS MADE PURSUANT TO AUTHORITY GRANTED BY NORTH CAROLINA GENERAL STATUTE §108A-70.5. PLEASE MAKE CHECK PAYABLE TO N.C. DIVISION OF MEDICAL ASSISTANCE, AND MAIL TO 2022 MAIL SERVICE CENTER, RALEIGH, NC 27699-2022. PLEASE REFER ANY CORRESPONDENCE OR QUESTIONS TO HMS ESTATE RECOVERY UNIT SECTION, PO BOX 18869, RALEIGH, NC 27619, TELEPHONE NUMBER (866) 455 0109.

\* MEDICAID RESERVES THE RIGHT TO UPDATE THIS INVOICE AMOUNT IF ANY RECOVERABLE CLAIMS ARE SUBMITTED TO AND PAID BY MEDICAID AFTER THE CREATION OF THIS INVOICE.

THIS CLAIM IS DUE IN FULL NO LATER THAN SIX (6) MONTHS FROM THE DATE IT IS FILED WITH THE ADMINISTRATOR, OR SIX (6) MONTHS FROM THE DATE IT IS FILED WITH THE CLERK OF COURT IF NO ADMINISTRATOR IS APPOINTED.

COPY

## STATE OF NORTH CAROLINA

File No.

2015 E 000331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Trust/Ward

SARAH D SPINKS

T  
O Name And Address Of FiduciaryGARRETT AVON SPINKS  
480 ISLEY LANE

RAMSEUR

NC 27316

## NOTICE TO FILE

- ☐ INVENTORY (AOC-E-505, AOC-E-510, or AOC-E-511)  
☐ ANNUAL ACCOUNT (AOC-E-506)  
☒ FINAL ACCOUNT/AFFIDAVIT (AOC-E-506 or AOC-E-204)

G.S. 28A-20-2, 28A-21-1 to 28A-21-4; 28A-25-3; 36C-2-208, -209

☒ Estate☐ Trust☐ Guardianship

...

The inventory/account/affidavit indicated above in the Notice To File list is now due.

You are reminded that if the required inventory/account/affidavit is not filed within thirty (30) days of this Notice, the law of North Carolina requires the Clerk to issue process to compel its filing. To avoid compulsory process, please file the inventory/account/affidavit within thirty (30) days. You should notify your attorney of this Notice.

The required form number listed in the Notice To File box is available via the North Carolina Court system website at [www.nccourts.org/Forms/FormSearch.asp](http://www.nccourts.org/Forms/FormSearch.asp)

If you are filing an annual/final account, you must submit cancelled checks, receipts or other vouchers in support of all payments.

Thank you for your prompt attention to this matter.

Copy To

WILLIAM H FLOWE JR

PO BOX 1315

LIBERTY

NC 27298-1315

Date

April 12, 2016

Signature

LIESEL I ROSENTRATER

☒ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Comments:

...

Original-Fiduciary Copy-File and Attorney

AOC-E-501, Rev. 2/15

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WILLIAM H. FLOWE, JR.

ATTORNEY AND COUNSELOR AT LAW

P. O. BOX 1315

LIBERTY, NORTH CAROLINA 27298-1315

STREET ADDRESS  
124 S. FAYETTEVILLE STREET  
LIBERTY, N. C. 27298-1315

MAY 13 A 11:58

TEL (336) 622-2278

RANDOLPH CO., C.S.C.

FAX (336) 622-5944

BY JR

May 11, 2016

Clerk of Superior Court  
Randolph County, NC

Re: Estate of Sarah D. Spinks  
File 15 E 331

Dear Madam Clerk:

I certify the following:

1. I have been paid for all fees and reimbursed for any advanced costs listed on the Annual Account for the captioned Estate; and
2. From said reimbursement, I paid the Courier-Tribune for the legal notice .
3. My fee represents a retainer to be applied to the final statement. I have not charged the Estate for the time involved in the settlement of the outstanding claim filed in this Estate.

Yours truly

William H. Flowe, Jr.  
William H.

Canceled  
CK

for courier  
tribune

Letter for  
atty fees  
& legal.  
William Flowe pd  
& got reimbursed



# COVER PAGE

Russell Funeral Home & Cremation, INC.  
P.O. Box 883  
Siler City NC 27344  
Bus: (919) 742-9968 / Fax: (919) 742-1312  
[russellfuneralhome@yahoo.com](mailto:russellfuneralhome@yahoo.com)

To: Mr. William H. Flowe

No. of Pages: 3 with cover page

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No 0131

**RUSSELL FUNERAL HOME**

P.O. Box 883  
458 Stockyard Road  
Siler City, North Carolina 27344  
(919) 742-2776

Date 4-18-16

Received From Ismael Cross

\$100.00

for cash

Dollars

For Funeral Expenses Of

Amount of Account \$330.00

Amount Paid \$100.00

Balance Due \$230.00

- ☐ Check #
- ☐ Cash
- ☐ Social Security
- ☐ VA Benefit
- ☐ Life Insurance

Thank You

William Cross

# RUSSELL FUNERAL HOME AND CREMATION

P.O. Box 883 • 458 Stockyard Road  
Siler City, North Carolina 27344  
(919) 742-9968

"This statement of disclosure is provided pursuant to the requirements of North Carolina  
G.S. 90-210.23(a)."

DECEASED MRS. Sarah D. Swinks No. \_\_\_\_\_  
DATE OF DEATH February 29, 2015  
PLACE OF DEATH \_\_\_\_\_  
DATE OF STATEMENT \_\_\_\_\_

## A. CHARGE FOR SERVICES SELECTED

### 1. Professional Services:

Basic Services of Funeral Director & Staff ..... 2200.00  
Embalming ..... 400.00  
Other preparation of body ..... \_\_\_\_\_  
..... \$2600.00

### 2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation ..... \_\_\_\_\_  
Use of Facilities & Staff for Funeral Ceremony ..... \_\_\_\_\_  
Use of Facilities & Staff for Memorial Service ..... \_\_\_\_\_  
Use of Equipment & Staff for Graveside Service ..... \_\_\_\_\_  
Use of Equipment & Staff for Church Service ..... \_\_\_\_\_

### 3. Transportation:

Transfer of Remains to Funeral Home ..... 50.00  
Hearse ..... 200.00  
Limousine, 1e @ 250.00 each 250.00  
Sedan ..... \_\_\_\_\_  
Service / Utility Vehicle ..... \$500.00

### 4. Other Services / Facilities / Equipment:

..... \_\_\_\_\_  
..... \_\_\_\_\_  
..... \_\_\_\_\_  
TOTAL OF SERVICES SELECTED ..... \$3100.00

## B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) ..... \$1,760.00  
Name/No. Rose Hill  
Material ..... \_\_\_\_\_  
Color Pink / white  
Outer Burial Container ..... \$1,050.00  
Name/No. Monarch  
Material ..... \_\_\_\_\_  
Acknowledgement Cards ..... \_\_\_\_\_  
Register Book ..... \_\_\_\_\_  
Memory Folders / Prayer Cards ..... \_\_\_\_\_  
Clothing ..... \_\_\_\_\_  
Cremation Urn ..... \_\_\_\_\_  
..... \_\_\_\_\_  
TOTAL OF MERCHANDISE SELECTED ..... \$2,810.00

## C. SPECIAL CHARGES

☐ Forwarding remains to: \_\_\_\_\_ ☐ Receiving remains from: \_\_\_\_\_  
Immediate Burial ..... \_\_\_\_\_  
Direct Cremation ..... \_\_\_\_\_  
Other ..... \_\_\_\_\_  
TOTAL OF SPECIAL CHARGES ..... \$0.00

TOTAL FUNERAL HOME CHARGES ..... \$5,910.00  
(This total does not include Cash Advances)

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

### CASH ADVANCES

Certified Copies of Death Certificate  
2 @ \$ 10.00 each \$ 20.00

Clergy ..... \_\_\_\_\_

Musician ..... \_\_\_\_\_

Paid Newspaper Notice ..... \_\_\_\_\_

Cemetery: Opening & Closing Grave \$500.00

Other ..... \_\_\_\_\_

TOTAL CASH ADVANCES \$ 520.00

We charge you for our services in obtaining: (specify cash advance items)

### SUMMARY

Total Funeral Home Charges ..... \$5,910.00  
Local Sales Tax (if applicable) ..... \_\_\_\_\_  
State Sales Tax (if applicable) ..... 304.00  
Total Cash Advances ..... 520.00  
GRAND TOTAL \$ 6,734.00

Less Credits and Payments

..... \$ \_\_\_\_\_

Total Credits ..... \$ \_\_\_\_\_

BALANCE DUE \$6,734.00

Billing To ..... \_\_\_\_\_

### DISCLOSURES

Reason for embalming: A Family Requested a public viewing open to the public.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

### ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: \_\_\_\_\_

Full payment is due no later than \_\_\_\_\_

If any payment is not paid when due, an unanticipated LATE CHARGE

of \_\_\_\_\_ % per month (ANNUAL PERCENTAGE RATE \_\_\_\_\_ %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed X. Arin Spinks Dated \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By Christine E. Miller



2017 JUN -2 P 12:24

STATE OF NORTH CAROLINA ~~RANDOLPH CO. S.S.C.~~ IN THE GENERAL COURT OF JUSTICE  
COUNTY OF RANDOLPH BY pn SUPERIOR COURT DIVISION  
FILE NO. 15 E 331

IN THE MATTER OF THE ESTATE )

OF )

SARAH D. SPINKS )

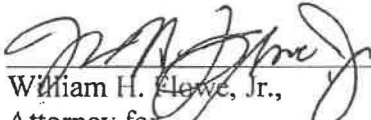
MOTION FOR  
ADDITIONAL TIME

The undersigned as attorney for the Executor of the captioned estate moves for an Extension of Time to file the Annual Account for the following reason:

Personal Representative has not settled claim of Medicaid.

The undersigned requests additional time in order to sell real property.

This the 1st day of June, 2017.

  
\_\_\_\_\_  
William H. Flewe, Jr.,  
Attorney for  
Estate of SARAH D. SPINKS

FILED

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

COUNTY OF RANDOLPH

2017 JUN -2

SUPERIOR COURT DIVISION

FILE NO. 15 E 331

RANDOLPH CO., N.C.

IN THE MATTER OF THE ESTATE

OF

SARAH D. SPINKS

)  
)  
)  
)

ORDER

This request came on to be considered and was reviewed by the undersigned for an Extension of Time to file the Annual Account in said estate until certain pending matters have been resolved.

IT IS, THEREFORE, ORDERED that an Extension of 60 days from this date be granted for filing the Final Account.

This the 2<sup>nd</sup> day of June, 2017.

  
ASST. CLERK OF SUPERIOR COURT

William H. Flowe, Jr.

P.O. Box 1315

Liberty, NC 27298-1315

RE: Estate of Sarah D. Spinks – 15 E 331

Dear Bill,

Received your petition and order to extend time for filing the Final Account in the above named estate, however, we are still holding the Annual from last year. Please, see the attached Notice that was sent to you on August 25, 2016. Please, comply with this notice before filing your final.

Thank you for your assistance in this matter.

Sincerely,

Janet C. Godwin

Deputy Clerk



# Resident Account History

32631 - Randolph

Service Dates Starting 06/01/2011

Payer = Private

Sort by Payer - Include R&B Anc Payments Reversals ZeroBalances Adjmts Pre-Bill

Service Date	Billed / Trans Date	Plan	Class	Pay Type	Description	Item # / HCPC / Detail Description	Batch # / Rec Date	Check #	Rate	Qty	Ext Price	Contract Amount	Net AR
2011187 - Spinks, Sara D													
Medicaid Pending / Private													
10/06/2011	11/09/2012		RN - Resident Liability		Resident Liability	ROOM_120 /	201210261040		\$447.00	0	\$447.00	\$0.00	\$447.00
10/31/2011	10/26/2012					/							
10/01/2011	/		WO - Write Off		Write-Off	/	201212211457				-\$447.00		-\$447.00
	12/21/2012					/							
October 2011											Total		\$0.00
11/01/2011	11/09/2012		RN - Resident Liability		Resident Liability	ROOM_120 /	201210261041		\$447.00	0	\$447.00	\$0.00	\$447.00
11/10/2011	10/26/2012					/							
11/01/2011	/		WO - Write Off		Write-Off	/	201212211457				-\$447.00		-\$447.00
	12/21/2012					/							
November 2011											Total		\$0.00
Medicaid Pending / Private											Total		\$0.00
Spinks, Sara D											Total		\$0.00

FILED

2017 JUL 11 P 3:03

RANDOLPH CO., G.S.C.

BY



Home ▾

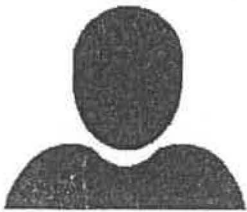
Admin ▾

Clinical ▾

IRM ▾



Search

**Spinks, Sarah (222400000000)**

3 of 3

Prev

Next

Status: Discharged Location:

Gender: Female DOB: 8/7/1931

Physician: Jerzy Sopala

Edit ▾

Print ▾

Allergies: To Be Determined

2017 JUL 11 P 3:03

RANDOLPH CO., G.S.C.

BY Dr[Resident Profile](#) [Verifications](#) [Resident Identifiers](#) [Census / Rates](#) [A/R Profile](#) [A/R Bill Setup](#) [A/R Insurance](#) [Assmnts](#) [Collection](#)[A/R Aging](#)**Account History**

Resident

Amount Due

Template/Payer

Group

Discharge Date

Status

No Outstanding Accounts.

Woodland Hill Center  
400 Vision Drive  
Asheboro, NC 27203-3855  
Phone: (336) 672-5450 | Fax: (336) 672-3174  
PCC Facility ID: 57118

Genesis HealthCare  
101 East State Street  
Kennett Square, PA 19348 USA

Privacy Policy  
Customer Support  
Version 3.7.12.1.11 -  
GPPCCA28.corp.genesishcc.com  
Copyright 2000-2016 PointClickCare  
Technologies Inc. All rights reserved.

Brady Billy 7/3/17

August 2, 2017

William H. Flowe, Jr.

P.O. Box 1315

Liberty, NC 27298-1315

RE: Estate of Sarah D. Spinks – 15 E 331

Dear Bill,

Won't you please respond to our Notice and my letter which both are attached.

Thank you for your assistance to this matter.

Sincerely,

Janet C. Godwin

Deputy Clerk



STATE OF NORTH CAROLINA  
COUNTY OF RANDOLPH

DISTRICT COURT  
JUDICIAL DISTRICT  
PROBATE COURT DIVISION

In Re: The Estate of:

SARAH D SPINKS  
Deceased

WRITTEN STATEMENT OF CLAIM

Court File No: 15E331

TO: PERSONAL REPRESENTATIVE GARRETT AVON SPINKS  
Claimant states the following Claim:

- 1) Claimant's Name and Address:  
ASHEBORO EMERGENCY PHYS, PA  
  
C/O AMERIFINANCIAL SOLUTIONS, LLC P.O. BOX 7  
  
VASSAR, MI 48768
- 2) Claimant claims that the estate is indebted in the amount of \$ 935.00  
and is now due.
- 3) The nature of the claim is:  
See attached claim detail for claim basis.
- 4) Claim is        secured   X   unsecured. If secured, see attached claim detail  
for nature of security.

Dated: 22 Aug 2017

[Signature]  
Authorized Representative

Jason D. Hamey  
Authorized Representative

I, the undersigned       , hereby certify that a true and correct copy of the foregoing was sent

via U.S. Mail to:

GARRETT AVON SPINKS  
C/O: WILLIAM H FLOWE JR  
P O BOX 1315  
LIBERTY, NC 27298

On AUG 22 2017

By: [Signature]

Ben Olson

**KEY:**

Line 1 – Account No  
Line 2 – Creditor/Claimant  
Line 3 – Balance

**ASHEBORO EMERGENCY PHYS,  
PA**

**Case Number:  
15E331**



CL898502

**CLAIM DETAIL**

IN RE ESTATE OF: SARAH D SPINKS

Claim detail is as follows:

\*\*\*\*2603

ASHEBORO EMERGENCY PHYS, PA

\$935.00

UNSECURED.

2017 JUN 25 AM 11:54

*[Handwritten signature]*

THIS CLAIM IS BASED ON AN ACCOUNT FOR GOODS AND/OR SERVICES IN THE  
AMOUNT OF \$935.00, EVIDENCED BY ACCOUNT NUMBER \*\*\*\*2603.

Claim Balance: \$935.00

**ASHEBORO EMERGENCY PHYS, PA**

AUGUST 22, 2017

C/O AMERIFINANCIAL SOLUTIONS, LLC  
P.O. BOX 7  
VASSAR, MI 48768

Telephone: (866) 727-2154

HOURS (ET): 8:00 AM - 3:00 PM M  
8:00 AM - 3:00 PM T  
8:00 AM - 3:00 PM W  
8:00 AM - 3:00 PM TH  
8:00 AM - 3:00 PM F  
CLOSED SA  
CLOSED SU

2017 08 23 11:54



RANDOLPH COUNTY PROBATE COURT  
RANDOLPH  
176 E SALISBURY ST STE 201  
ASHEBORO, NC 27203

**Estate Of:** SARAH D SPINKS

**Total Unpaid Balance**  
\$935.00

**PF Reference No**  
CL898502

**Probate Case No**  
15E331

**Date of Death**  
2/3/2015

Dear Sir or Madam:

Enclosed please find a Creditor's Claim to be filed in the record with the above-referenced estate.

Please return a file stamped copy of the claim in the enclosed self-addressed envelope. Thank you for your assistance. If you have any questions or if this is a duplicate claim, please call our company at: 1-(866) 727-2154

Cordially,  
ASHEBORO EMERGENCY PHYS, PA  
C/O AMERIFINANCIAL SOLUTIONS, LLC  
Enclosures

cc: Ashley

**NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION**



September 6, 2017

William H. Flowe, Jr.

P.O. Box 1315

Liberty, NC 27298-1315

RE: Estate of Sarah D. Spinks – 15 E 331

Dear Bill,

I think you were going to send me something stating that the personal property had been sold.

If this is not right I will send your accounting back so you can correct it.

Thank you for your assistance in this matter.

Sincerely,

Janet C. Godwin

Deputy Clerk

Spoke w/ Bill 10-10-17  
Told him I would  
send Acct so he  
can add pers prop  
JG

November 27, 2017

William H. Flowe, Jr.  
P.O. Box 1315  
Liberty, NC 27298-1315

RE: Estate of Sarah D. Spinks – 15 E 331

Dear Bill,

I sent your annual accounting back to you so you could explain about the personal property. I sent this to you after 10-10-17. To date I have not received it back. Please, send to me by December 27, 2017.

Thank you,

Janet C. Godwin  
Deputy Clerk

## STATE OF NORTH CAROLINA

File No.

2015 E 000331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Trust/Ward

SARAH D SPINKS

T  
O

Name And Address Of Fiduciary

GARRETT AVON SPINKS  
482 ISLEY LANE

RAMSEUR

NC 27316

## NOTICE TO FILE

☐ INVENTORYAOC-E-505 is the Inventory form used with decedent's estates.  
AOC-E-510 is the Inventory form used with guardianship estates.  
AOC-E-511 is the Inventory form used with a trust under a will.☐ ANNUAL ACCOUNT

AOC-E-506 is the Annual Account form used in all types of estates.

☒ FINAL ACCOUNT/AFFIDAVIT

AOC-E-204 is the Affidavit form used only when property has been collected by affidavit.

AOC-E-506 is the Final Account form used in all other types of estates.

G.S. 28A-20-2; 28A-21-1 to 28A-21-4; 28A-25-3; 36C-2-208, -209

☒ Estate☐ Trust☐ Guardianship

The inventory/account/affidavit indicated above in the Notice To File list is now due.

You are reminded that if the required inventory/account/affidavit is not filed within thirty (30) days of this Notice, the law of North Carolina requires the Clerk to issue process to compel its filing. To avoid compulsory process, please file the inventory/account/affidavit within thirty (30) days. You should notify your attorney of this Notice.

The required form number listed in the Notice To File box is available via the North Carolina Court system website at [www.nccourts.org/Forms/FormSearch.asp](http://www.nccourts.org/Forms/FormSearch.asp).If you are filing an annual/final account, you must submit receipts, official copies of cancelled checks, or other vouchers in support of all payments.

Your prompt attention to this matter is required.

Copy To

WILLIAM H FLOWE JR

PO BOX 1315

LIBERTY

NC 27298-1315

Date

January 03, 2018

Signature

JANET C GODWIN

☒ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Comments:

Need to approve 2016 Annual

Original-Fiduciary Copy-File and Attorney

AOC-E-501, Rev. 4/16

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# STATE OF NORTH CAROLINA

File No.

15 E 331

RANDOLPH County

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

## IN THE MATTER OF THE ESTATE OF:

Name

SARAH D. SPINKS

T  
O

Name And Address Of Fiduciary

GARRETT AVON SPINKS

480 Isley Lane

Ramseur, NC 27316

## NOTICE

☐ Your proposed inventory/account is enclosed.

Before your account can be accepted and approved, it will be necessary for you to furnish or complete the items indicated below.

☐ Publisher's Affidavit

☐ Affidavit of Notice to Creditors

☐ Inheritance and Estate Tax Certification

☐ Vouchers or Verified Proof Supporting All Disbursements/Distribution

☐ Receipts Signed By Beneficiaries Acknowledging Receipt of Articles of Personal Property Received By Them

☐ Investments and Bank Statement Showing Cash Balance

☐ Fiduciary's Signature Must be Notarized

☐ Pay Costs in the Amount of \$ \_\_\_\_\_ cash, certified check, money order or estate check

☐ Renewal/Additional Bond to be Signed By You and Your Sureties

☐ Petition and Order for Commissions/Attorney Fees

☒ Other (specify)

Were the household furnishings and the vehicle sold?

CC: William H. Flowe, Jr., Attorney

PLEASE GIVE THIS MATTER YOUR PROMPT ATTENTION.

Date

01-03-2018

Signature

☒ Deputy CSC

☐ Assistant CSC

☐ Clerk Of Superior Court

157 18-01263 Return to Clerk

**STATE OF NORTH CAROLINA**

File No.

2015 E 000331

RANDOLPH

County

FILED

2018 FEB 15 A 7:54

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

**IN THE MATTER OF THE ESTATE OF:**

Name Of Decedent/Minor/Ward/Trust

SARAH D SPINKS

T  
O

Name And Address Of Fiduciary

GARRETT AVON SPINKS  
482 ISLEY LANE

RAMSEUR

NC

27316

**ORDER TO FILE  
INVENTORY OR ACCOUNT**

G.S. 28A-20-2, -3; 28A-21-4; 35A-1262, -1264; 36C-2-208, -209

☒ Estate

☐ Trust

☐ Guardianship

**TO THE FIDUCIARY NAMED ABOVE:**

You qualified to administer the estate of the above-named decedent/minor/ward/trust.

You are hereby notified that:

- ☐ 1. you have failed to file your inventory within three (3) months after your qualification as required by law.
- ☒ 2. you have failed to file your annual account as required by law.
- ☒ 3. you have failed to file your final account as required by law.
- ☐ 4. the inventory or account which you submitted is insufficient or unsatisfactory, in that:  
Sent the Annual back for correction

Final is also due

It is ORDERED that you file a sufficient and satisfactory inventory/account in this office within twenty (20) days after service of this order upon you.

**TAKE NOTICE** that if your inventory/account is not filed within twenty (20) days after the service of this Order, or if there is not good cause shown for your failure to do so, then a proceeding for contempt may be brought against you and you may be removed as fiduciary and be committed to the county jail for an indefinite period.

Date

February 15, 2018

Signature

*Debra L. Tuckson*

☒ Assistant CSC

☐ Clerk Of Superior Court

**RETURN OF SERVICE**

I certify that this Order was received and served as follows:

- ☒ by leaving a copy of this Order with the fiduciary.
- ☐ by leaving a copy of this Order at the dwelling house or usual place of abode of the fiduciary named above with a person of suitable age and discretion then residing therein.
- ☐ as the fiduciary is a corporation, service was effected by delivering a copy of this Order to the person named below.

Name And Address Of Person With Whom Copy Left (if corporation, give title of person copy left with)

☐ the fiduciary WAS NOT served for the following reason:

Date Received

02/15/18

Date Served

02/16/18

Date Returned

02/16/18

Name Of Sheriff

Robert A. Graves

County

Randolph

Deputy Sheriff Making Return

D. Conrad

Copy To

WILLIAM H FLOWE JR

PO BOX 1315

LIBERTY

NC

27298-1315

AOC-E-502, Rev. 4/16

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157  
STATE OF NORTH CAROLINA

RANDOLPH County

18-02347

File No.

2015 E 000331

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

IN THE MATTER OF THE ESTATE OF:

Name Of Decedent/Minor/Incompetent/Trust

SARAH D SPINKS

Name And Address Of Fiduciary

GARRETT AVON SPINKS  
482 ISLEY LANE

RAMSEUR

NC

27316

ORDER TO APPEAR  
AND SHOW CAUSE FOR FAILURE  
TO FILE INVENTORY/ACCOUNT

G.S. 5A-23; 28A-20-2; 28A-21-4; 35A-1262, -1264; 36C-2-208, -209

☒ Estate

☐ Trust

☐ Guardianship

TO THE FIDUCIARY NAMED ABOVE:

I find that there is probable cause to believe that you are in contempt for willfully violating an order issued by this Court and served personally on you, commanding you to file an ☐ inventory. ☒ account.

You are ORDERED to appear in person at the date, time, and place indicated below to show cause why you should not be held in civil contempt for violating the lawful orders of this Court. If the Court finds you in civil contempt, you may be committed to jail for as long as such civil contempt continues. You are entitled to have counsel represent you at the hearing. You may hire your own counsel. If you are found to be indigent, the Court will appoint counsel for you, unless you waive the right to counsel.

In addition, at the hearing, the Court will determine whether you should be removed as fiduciary.

Date To Appear

April 18, 2018

Time To Appear

02:00

☒ AM

☐ PM

Date

March 27, 2018

Place To Appear

Randolph County Courthouse, 176 E. Salisbury Street  
Courtroom 4B, Asheboro, NC 27203

Signature

DIANA H BROWN

☒ Assistant CSC

☐ Clerk Of Superior Court

RETURN OF SERVICE

I certify that this Order was received and served as follows:

☒ by leaving a copy of this Order with the fiduciary.

☐ the fiduciary WAS NOT served for the following reason:

Date Received

03/29/18

Date Served

04/02/18

Date Returned

04/02/18

Copy To

Name Of Deputy Sheriff Making Return (Type Or Print)

D. Conrad

Signature Of Deputy Sheriff Making Return

Name Of Sheriff (Type Or Print)

Robert A. Graves

County Of Sheriff

Randolph

WILLIAM H FLOWE JR

PO BOX 1315

LIBERTY

NC

27298-1315

Original & Copy-Sheriff Copy-File

AOC-E-503, Rev. 7/14

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